Obviously, even such a perfect therapeutic measure should not be used thoughtlessly nor in a fixed dose. Individualization of each case and observation of the newborn infant will permit the careful physician to prescribe a larger dose when indicated. As much as 5 ml of concentrate can be given if the infant is anemic at birth and therefore may have bled into the mother; this possibility can be readily detected by doing a fetal cell count on the mother's blood. Very little additional research and observation are needed to clarify these minor problems which may affect 2 percent or less of the women at risk. It is obviously not too soon for anti-Rh immune globulin to be used regularly in the appropriate manner to protect unsensitized Rh— women from Rh immunization and thereby wipe out hemolytic disease of the newborn due to Rh incompatibility. As our legal friends might say: Caveat medicus.

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Secondary Syphilis Diagnosed As Mononucleosis

To the Editor: I read with interest the case report "Secondary Syphilis Misdiagnosed as Infectious Mononucleosis" by Marcus A. Conant, M.D. and Barton Lane, M.D. in the December, 1968 issue of CALIFORNIA MEDICINE (pages 462-464). There are several points in the report that I feel warrant comment.

First, I was somewhat dismayed that three physicians saw the patient and diagnosed infectious mononucleosis without the benefit of readily available laboratory studies that could have been helpful in confirming or refuting the clinical impression.

In the paragraph concerning the treatment of the secondary syphilis, the authors indicated that they attempted to elicit a Herxheimer reaction by giving 300,000 units of crystalline penicillin G in 2 percent aluminum monosterate (PAM) on the first visit. Although severe consequences of this reaction are usually associated with late syphilis, potentially severe reactions can occur in early syphilis and would be better avoided especially in an outpatient.

In the concluding paragraph of the article, the authors point out the difficulty in the differential diagnosis of early syphilis with atypical manifestations.

A VDRL would certainly be indicated to help rule out the entities mentioned. In addition, a concurrent specific treponemal antigen test would further help to exclude the occasional biological false positive (BFP) reaction that these conditions can produce and thereby hasten diagnosis and treatment.

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Usual, Customary And Reasonable

To the Editor: We appreciate being advised of your plans to publish a "California Perspective" of the *usual, customary and reasonable* concept of fee charges.

The State Medical Society of Wisconsin, through its Health Insurance Division, Wisconsin Physicians Service-Blue Shield, first offered a "Reasonable Charges" program in the sale of a major illness expense benefit in 1954. Since this still fell short of providing "full payment" for most of the people in Wisconsin, the next step was a county-wide enrollment in Racine County in 1955. This enrollment rapidly expanded into other areas of the state and involved the full use of customary, usual and reasonable charges for all benefits included in the contract, such as surgery, in-hospital medical care, anesthesia, radiology and the like. The fee schedule was eliminated as such and Blue Shield paid the physicians' charges so long as they were usual, customary and reasonable within the medical community in which the services were rendered.